

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.D.	69350 70	N-10-99
O.I.P.E. CLASSIFIER			11/22
FORMALITY REVIEW		6905T	5-4-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/11/99
2	✓	✓	9/24/99
3	✓	✓	9/29/99
4	✓	✓	9/14/99
5	✓	✓	9/19/99
6	✓	✓	9/24/99
7	✓	✓	9/24/99
8	✓	✓	9/24/99
9	✓	✓	9/24/99
10	✓	✓	9/24/99
11	✓	✓	9/24/99
12	✓	✓	9/24/99
13	✓	✓	9/24/99
14	✓	✓	9/24/99
15	✓	✓	9/24/99
16	✓	✓	9/24/99
17	✓	✓	9/24/99
18	✓	✓	9/24/99
19	✓	✓	9/24/99
20	✓	✓	9/24/99
21			=
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25			✓
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Best Available Copy

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here